| · · · · · · · · · · · · · · · · · · ·   |                       |  |                  |              |            | Application or Docket Number |           |                     |                        |  |  |
|---|-----------------------|--|------------------|--------------|------------|------------------------------|-----------|---------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  0990141   |                       |  |                  |              |            |                              |           |                     | 4                      |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                       |  |                  | SMAL<br>TYPE | LEN        | VIIIY                        | OR        | OTHER<br>SMALL I    |                        |  |  |
| TOTAL CLAIMS  | 437                   |  | R                |              | Έ          | FEE                          |           | RATE                | FEE                    |  |  |
| FOR   | NUMBER FILE           | D NUMBE                                      | R EXTRA          | BASIC        | FEE        | 355.00                       | OR        | BASIC FEE           | ·710.00                |  |  |
| TOTAL CHARGEABLE CLAIMS   | 48 minus              | minus 20=                                    |                  | <b>X</b> \$  | 9=         |                              | OR        | X\$18=              | 504                    |  |  |
| INDEPENDENT CLAIMS  | 6 minus 3 = 3         |  | X40              | )=           |            | OR                           | X80=      | 240                 |                        |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |                       |  |                  | +13          | 5-         |                              | OR        | +270=               | 7.0                    |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |                       |  |                  | TOT          |            |                              | OR        |                     | 1454                   |  |  |
| HAND OCLAIMS AS AMENDED - PART II   |                       |  |                  |              | <b>~</b> u |                              | UR        | OTHER               |                        |  |  |
| 19 (Column 1)   | (Column 2) (Column 3) |  |                  | SMA          | LL !       | ENTITY                       | OR        | SMALL               |                        |  |  |
| Total  Independent  CLAIMS REMAINING AFTER AMENDMENT  Total  UNDEPENDENT  Total  CLAIMS REMAINING AFTER AMENDMENT  Total  CLAIMS REMAINING AFTER AMENDMENT  Total | Ρ                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID, FOR | PRESENT<br>EXTRA | RAT          | ΓE         | ADDI-<br>TIONAL<br>FEE       |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| Total · 48  | Minus +               | 48   | =                | Х\$          | 9=         |                              | ÓЯ        | X\$18=              |                        |  |  |
| Independent • C   | Minus ••              | ·· 6   | <i>-1 (/)</i>    | X40          | )=         | X                            | <b>OR</b> | X80=                |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                       |  |                  |              | 5=         |                              | OR        | <del>+27</del> 0=   |                        |  |  |
|   |                       |  |                  |              | TAL        |                              | OR        | TOTAL               |                        |  |  |
| (Column 1)  | ,                     | ADDIT.                                       | FEE              |              | JON.       | ADDIT. FEE                   |           |                     |                        |  |  |
| (Column 1) CLAIMS   |                       | (Column 2) HIGHEST NUMBER                    | (Column 3)       |              |            | ADDI-                        |           |                     | ADDI-                  |  |  |
| REMAINING AFTER AMENDMENT Total Independent   | F                     | PREVIOUSLY<br>PAID FOR                       | PRESENT<br>EXTRA | RAT          | ΓE         | TIONAL<br>FEE                |           | RATE                | TIONAL<br>FEE          |  |  |
| Total ·   | Minus ••              | •  | =                | X\$ :        | 9=         |                              | OR        | X\$18=              |                        |  |  |
| <u> </u>  |                       | ***  | =                | X40          | )=         |                              | OR        | X80=                |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                       |  |                  |              | 5=         |                              | OR        | +270=               |                        |  |  |
|   |                       |  |                  | ADDIT.       | FEE        |                              | OR        | TOTAL<br>ADDIT. FEE |                        |  |  |
| (Column 1)  |                       | (Column 2)                                   | (Column 3)       |              |            |                              |           |                     |                        |  |  |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent  | ı                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA | RAT          | E          | ADDI-<br>TIONAL<br>FEE       |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| Total .   | Minus •               | •  | =                | X\$ :        | 9=         |                              | OR        | X\$18=              |                        |  |  |
| Independent ·   |                       | 744  | =                | X40          | ) <u>=</u> |                              |           | X80=                |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                       |  |                  |              |            |                              | OR        |                     |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |                       |  |                  |              |            |                              | OR<br>OR  | +270=               |                        |  |  |
| "If the "Highest it is not an Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE   |                       |  |                  |              |            |                              |           | ADDIT. FEE          |                        |  |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.                                   |                       |  |                  |              |            |                              |           |                     |                        |  |  |

FORM PTO-875 (Rev. 8/00)